

Clear Form

1
2
3
4
5
6
7
8 **UNITED STATES DISTRICT COURT**
9 **NORTHERN DISTRICT OF CALIFORNIA**

10
11 CORNELL WELLS, JR.

Plaintiff,

12 vs.

13
14 NATIONAL BOARD OF MEDICAL EXAMINERS ET AL.

Defendant.

CASE NO. 3:21-cv-01279

15
16
17
18
19
20
21
22
23
24
25
26
27
28

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**
(Non-prisoner cases only)

I, Cornell Wells, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed?

Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$ 1,000 Net: (1099 employment)

Employer: Assurance

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2

3

4

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes X No

8 self employment?

9 b. Income from stocks, bonds, Yes No X

10 or royalties?

11 c. Rent payments? Yes No X

12 d. Pensions, annuities, or Yes No X

13 life insurance payments?

14 e. Federal or State welfare payments, Yes No X

15 Social Security or other govern-

16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Independent contractor, licensed life insurance agent
20 \$1000/mo, commission only based employment

21 3. Are you married? Yes No X

22 Spouse's Full Name: N/A

23 Spouse's Place of Employment: N/A

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ N/A Net \$ N/A

26 4. a. List amount you contribute to your spouse's support: \$ N/A

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ☒ No ☐

Estimated Market Value: \$ _____ Amount of Mortgage: \$ 5400

6. Do you own an automobile? Yes ☒ No ☐

Make Prius Year 2013 Model _____

Is it financed? Yes _____ No ☒ If so, Total due: \$ _____

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ☒ No ☐ (Do not include account numbers.)

Name(s) and address(es) of bank: Chase checking

Present balance(s): \$ 600

Do you own any cash? Yes _____ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes _____ No ☒

8. What are your monthly expenses?

Rent: \$ 5400 Utilities: 600

Food: \$ 600 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
Chase cc	\$ <u>100</u>	\$ <u>4000</u>
Best Buy cc	\$ _____	\$ <u>4000</u>
Affirm	\$ <u>212</u>	\$ <u>4</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Avant \$4000, lightstream, Wayfair \$1000

1 Houzz \$1000

2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes ___ No X

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

6
7

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

10
11 1 / 4 / 24

12 DATE

13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
SIGNATURE OF APPLICANT